

PLAINTIFF/PETITIONER/MOVANT'S NAME

GREGORY LEE GRAY

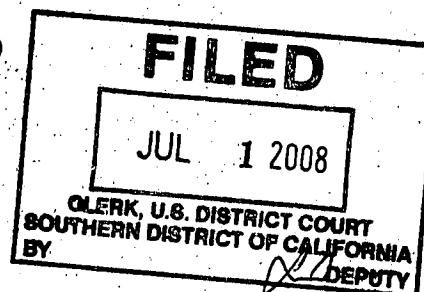
PRISON NUMBER

J05459

PLACE OF CONFINEMENT

H.D.S.P., B-2-213**P.O. BOX 3030, (HIGH DESERT STATE PRISON)**

ADDRESS

(SAME AS ABOVE)

**United States District Court
Southern District Of California**

'08 CV 1178**J (NLS)**

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**GREGORY LEE GRAY ,
Plaintiff/Petitioner/Movant**

v.

**JOHN DOE HEAD DIRECTOR OF CDCR,
ROBERT HERNANDEZ, WARDEN, K. STERLING,
E. MARRERO, AND A.R. PETERSON ALL OF
R. J. DONOVAN CORR- Defendant/Respondent
ECTIONAL FACILITY, et al.,**

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I,
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

☒ Yes ☐ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

I'M A PORTER AT HIGH DESERT STATE PRISON AND THEY DO NOT PAY ME.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

JUNE 18, 2007, I WAS IN PIA INDUSTRY LAUNDRY AND I WAS RECEIVING
45¢ AN HOUR, AND AT REGULAR PAY PER MONTHLY AVERAGE I MADE \$47.25.
HOWEVER, WHEN I WORKED OVERTIME I WOULD MAKE \$76.00 TO \$78.00.

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month:

Ø

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. CANDACE M. GRAY AGE 24 (DAUGHTER)

RACHEL LEWIS AGE 13 (DAUGHTER)

I HAVE NOT BEEN ABLE TO GIVE THEM ANY MONEY OR SUPPORT.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

I THINK I AM IN CREDIT DEBT, BUT NOT KNOWN AT THIS TIME AS TO WHO WHEN OR WHERE OR HOW MUCH.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

N/A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I DO NOT HAVE ANY OTHER SOURCE OF INCOME.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE 6-22-2008

Gregory Lee Gray

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant GREGORY LEE GRAY
 (NAME OF INMATE)
J05459
 (INMATE'S CDC NUMBER)

has the sum of \$ 79.22 on account to his/her credit at
HIGH DESERT STATE PRISON
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A
 to his/her credit according to the records of the aforementioned institution. I further certify that **during**
the past six months the applicant's *average monthly balance* was \$ 0.00
 and the *average monthly deposits* to the applicant's account was \$ 0.00

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

* 6-25-08
 DATE

THE WITHIN INSTITUTION IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 AT THIS OFFICE.
 DEPARTMENT OF CORRECTIONS
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION
 BY TRUST OFFICE

* L. Jacobs
 OFFICER'S FULL NAME (PRINTED)

* Accountant Supervisor
 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, GREGORY LEE GRAY, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☒ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 6-22-2008

Gregory Lee Gray

SIGNATURE OF PRISONER

REPORT ID: TS3030 .701

REPORT DATE: 06/23/08
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
HIGH DESERT STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU JUN. 23, 2008

ACCOUNT NUMBER : J05459
ACCOUNT NAME : GRAY, GREGORY
PRIVILEGE GROUP: ABED/CELL NUMBER: FEB2T20000002136
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/02/2008	H109	LEGAL POSTAGE HOLD	5580 05/30	1.00
06/13/2008	H109	LEGAL POSTAGE HOLD	5907 06/13	1.17
06/16/2008	H118	LEGAL COPIES HOLD	5938 06/16	3.20
06/18/2008	H109	LEGAL POSTAGE HOLD	5962 06/17	1.68

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/23/97
COUNTY CODE: *CCCASE NUMBER: *9700329
FINE AMOUNT: \$ 1,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/01/2007		BEGINNING BALANCE		1,000.00
11/14/07	SU01	SYS TRNSF - POS	61.27-	938.73
11/14/07	SU03	SYS UPDATE - POS	6.39-	932.34

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/23/97
COUNTY CODE: CCCASE NUMBER: 9700329
FINE AMOUNT: \$ 5,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/01/2007		BEGINNING BALANCE		4,870.86

months

REPORT ID: TS3030 .701

REPORT DATE: 06/23/08
PAGE NO: 2

HIGH DESERT STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

ACCT: J05459 ACCT NAME: GRAY, GREGORY ACCT TYPE: I

FOR THE PERIOD: NOV. 01, 2007 THRU JUN. 23, 2008

CASE NUMBER: 9700329
FINE AMOUNT: \$ 5,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/14/07	SU01	SYS TRNSF - POS	150.32-	4,720.54

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	7.05	0.00

CURRENT AVAILABLE BALANCE
7.05-

REPORT ID: TS3030 .701 REPORT DATE: 06/25/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
HIGH DESERT STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 25, 2007 THRU JUN. 25, 2008

ACCOUNT NUMBER : J05459 BED/CELL NUMBER: FBB2T2000000213U
ACCOUNT NAME : GRAY, GREGORY ACCOUNT TYPE: I
PRIVILEGE GROUP: A TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT			
DATE PLACED	HOLD CODE	DESCRIPTION	HOLD AMOUNT
06/02/2008	H109	LEGAL POSTAGE HOLD	1.00
06/13/2008	H109	LEGAL POSTAGE HOLD	1.17
06/16/2008	H118	LEGAL COPIES HOLD	3.20
06/18/2008	H109	LEGAL POSTAGE HOLD	1.68
06/24/2008	H109	LEGAL POSTAGE HOLD	1.00
06/24/2008	H109	LEGAL POSTAGE HOLD	1.17

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	9.22	0.00

CURRENT AVAILABLE BALANCE
9.22-

THIS STATEMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THE OFFICE OF THE ATTORNEY GENERAL
BY TRUST OFFICE
6-25-08
CALIFORNIA DEPARTMENT OF CORRECTIONS

PROOF OF SERVICE BY PERSON IN STATE CUSTODY

I the Undersigned, hereby declare that I am over the age of eighteen (18), and that I am incarcerated at High Desert State Prison in Susanville, California, that [X] I am [] am not a party to this action, and that on the 22nd day of JUNE, 2008, I served a true and complete copy of the following:

(
(
(MOTION AND DECLARATION UNDER
(PENALTY OF PERJURY IN SUPPORT
(OF MOTION TO PROCEED IN FORMA
(PAUPERIS.
(
(
(

By handing it to institutional staff with First Class Postage prepaid in full for mailing to the following address(s):

(U.S. DISTRICT COURT
(SOUTHERN DISTRICT OF CALIFORNIA
(OFFICE OF THE CLERK
(880 FRONT STREET, SUITE 4290
(SAN DIEGO, CALIFORNIA
(92101-8900.
(
(

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON JUNE 22, 2008, in Susanville, California.

GREGORY LEE GRAY
(Print Name)

Gregory Lee Gray
(Signature)